



Client No. 2036		Client Name O.H. MATERIALS				Location 1004 Oswego ST, UTECA, N.Y.		Date 8/12/89			
Facility Equipment N/A	Detax Clock N/A	Weapon No. N/A	Holster N/A	Nightstick N/A	Raincoat 1	Flashlight 3	Other LogBook / 2keys / RADIO				
Officers: Fully explain all items marked "Yes" with time and all detail. For additional space use reverse side and attach incident reports.			Officer—Day Shift (Name) Jane Haggeth			Officer—Swing Shift (Name) PAT Bloomquist			Officer—Grave Shift (Name) Dick Kokoszki		
Shift			Shift			Shift			Shift		
Began 8:00 AM-PM			Ended 4:00 AM-PM			Began 4:00 AM-PM			Ended 12:00 AM-PM		
Observations or actions taken			Explanation			Explanation			Explanation		
Rounds or stations missed											
Unlocked doors, gates or windows											
Unlocked vaults or safes											
Fire-smoke-or hazards											
1. Extinguishers missing or defective											
2. Sprinkler system defective											
3. Fire doors or exits blocked											
4. Rubbish accumulation											
5. Motors running											
6. Lights left burning						As Required			LIGHTS OUT 0558.		
Injury hazards											
Visitors			OHM & EPA People on site						OHM & EPA PEOPLE		
Trespassing									ON SITE		
Violation of company rules											
Remarks											
IMPORTANT: If you were ill or injured please explain on the reverse side of this form and call your supervisor before leaving this post.											
1. Were you injured during this tour?			Day Shift 1. Yes <input checked="" type="radio"/> No <input type="radio"/> 2. Yes <input type="radio"/> No <input type="radio"/> 3. Yes <input type="radio"/> No <input type="radio"/>			Swing Shift 1. Yes <input checked="" type="radio"/> No <input type="radio"/> 2. Yes <input type="radio"/> No <input type="radio"/> 3. Yes <input type="radio"/> No <input type="radio"/>			Grave Shift 1. Yes <input checked="" type="radio"/> No <input type="radio"/> 2. Yes <input type="radio"/> No <input type="radio"/> 3. Yes <input type="radio"/> No <input type="radio"/>		
2. Did you suffer any illness?			Yes <input type="radio"/> No <input checked="" type="radio"/> 2. Yes <input type="radio"/> No <input type="radio"/> 3. Yes <input type="radio"/> No <input type="radio"/>			Yes <input checked="" type="radio"/> No <input type="radio"/> 2. Yes <input type="radio"/> No <input type="radio"/> 3. Yes <input type="radio"/> No <input type="radio"/>			Yes <input checked="" type="radio"/> No <input type="radio"/> 2. Yes <input type="radio"/> No <input type="radio"/> 3. Yes <input type="radio"/> No <input type="radio"/>		
3. Have you reported all accidents coming to your attention?			Yes <input type="radio"/> No <input checked="" type="radio"/> 2. Yes <input type="radio"/> No <input type="radio"/> 3. Yes <input type="radio"/> No <input type="radio"/>			Yes <input checked="" type="radio"/> No <input type="radio"/> 2. Yes <input type="radio"/> No <input type="radio"/> 3. Yes <input type="radio"/> No <input type="radio"/>			Yes <input checked="" type="radio"/> No <input type="radio"/> 2. Yes <input type="radio"/> No <input type="radio"/> 3. Yes <input type="radio"/> No <input type="radio"/>		
Signatures			Day Shift 1. Jane C. Haggeth			Swing Shift 1. PAT BLOOMQUIST			Grave Shift 1. Dick Kokoszki		
Signatures			2.			2.			2.		
Signatures			3.			3.			3.		

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